

FROM TREXLER ETAL.

(THU) 9. 22 '05 14:28/ST. 14:28/NO. 4860347521 P 1

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PATENT, TRADEMARK, COPYRIGHT  
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TOTAL PAGES (Including Cover Page) 10 DATE: September 22, 2005

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**NOTES:**

Inventor: Olsen et al.

For: **BREATHING ASSISTANCE  
APPARATUS**

Art Unit: 3743

Serial No.: 10/646,434

Filed: August 22, 2002

Attorney Ref.: 1171/40069B/112B

**CERTIFICATION OF FACSIMILE TRANSMISSION**

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*Tiffany E. Sexton*  
Tiffany E. Sexton

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FORM PTO-1083

(THU) 9. 22' 05 14:29/ST. 14:28/NO. 4860347521 P 2

Case Docket No. 1171/40069B/112B

In re application of:

Serial No.: 10/646,434

Filed: August 22, 2003

For: BREATHING ASSISTANCE APPARATUS

Applicant: Olsen et al.

Attorney Docket No.: 1171/40069B/112B

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9/22/2005  
Date

*Tiffany E. Sexton*  
Tiffany E. Sexton

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 21	MINUS	** 44	0
INDEP.	* 2	MINUS	** 4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 25 =	\$ .00
x 100 =	\$ .00
+ 180 =	\$ .00
TOTAL ADDIT. FEE	\$ .00

OR

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 5 =	\$ .00
x 20 =	\$ .00
+ 30 =	\$ .00
TOTAL	\$ .00

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is also enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.

☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17

Dated: Sept. 22, 2005

*Raiford A. Blackstone, Jr.*  
 Raiford A. Blackstone, Jr. Reg. No. 25,156  
 Linda L. Palomar, Reg. No. 37,903  
 Attorneys of Record

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FORM PTO-1083

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(THU) 9. 22' 05 14:29/ST. 14:28/NO. 4860347521 P 3

Case Docket No. 1171/40069B/112B

SEP 22 2005

In re application of:

Serial No.: 10/646,434

Filed: August 22, 2003

For: BREATHING ASSISTANCE APPARATUS

Applicant: Olsen et al.

Attorney Docket No.: 1171/40069B/112B

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Dated: Sept. 22, 2005

Raiford A. Blackstone, Jr.  
Raiford A. Blackstone, Jr. Reg. No. 25,156  
Linda L. Palomar  
Linda L. Palomar, Reg. No. 37,903  
Attorneys of Record

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE, & MARR, LTD. • 105 W. ADAMS ST. • CHICAGO, ILLINOIS 60603 • (312) 704-1890

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PATENT

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Serial No.: 10/646,434  
Filed: August 22, 2003  
For: BREATHING ASSISTANCE  
APPARATUS  
Applicant: Olsen et al.  
Examiner: A. Lewis  
Art Unit: 3743  
Attorney Ref: 1171/40069B/112B

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Patent and Trademark Office to fax number (571) 273-8300 on:

9/22/2005  
Date

Tiffany E. Sexton  
Tiffany E. Sexton

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated June 28, 2005, having a shortened statutory  
period for response set to expire on September 28, 2005, kindly amend the above-identified  
patent application as follows: